INSTITUTIONAL LETTERHEAD

Date

Education Department
American Osteopathic Association
via email: postdoc@osteopathic.org

To whom it may concern:

On behalf of Physician Name, I would like to provide information on his/her residency/fellowship training at Training Institution. Dr. Last Name successfully completed his/her residency/fellowship training in Specialty at our ACGME-accredited program from start date to end date. The ACGME program number is 1234567890. Below are his/her dates of training by PGY year:

PGY	Start Date	End Date
#		
#		
#		

Add/remove rows as necessary.

Please feel free to contact me at phone or email if you need any further information.

Sincerely,

PD/DIO Name
PD Title